

Report for FPSA

Area: Funding for Mentalisation Based Treatment for Adolescents with Eating Disorders for Clinical Psychologist working on an inpatient ward for adolescents with eating disorders.

Training attended: MBT-ED (Sept 2019) and MBT-A (Nov 2019) training at the Anna Freud Centre for children and families.

Summary of and reflections on training:

Mentalisation Based Therapy was originally developed by Peter Fonagy and Anthony Bateman as a way of working with people who had been given diagnoses of borderline personality disorder. The model is rooted in attachment theory and works on the basis of viewing the ability to mentalise well (noticing ones own thought processes and emotions and being able to make reasonable guesses about other peoples) as key to good mental health. Conversely, a key issue for many people with severe mental health problems is a poorly developed capacity to mentalise, or at times of high distress, mentalisation failures. It is a social and interpersonal model and places the causes and maintaining factors of poor mental health mainly in the social and relational realm.

This is a fairly novel approach to working with young people with eating disorders, for whom the main model in the UK is currently Family Based Treatment (FBT) which takes a structural and behavioural approach that focusses mainly on putting the adults in control of mealtimes. With adults and older teens, a CBT approach is usually used. The problem with applying these models to young people with severe eating disorders, who are admitted to a ward, is that these approaches have often failed in the community. A common theme amongst the ward population is attachment difficulties and co-morbidity with other mental health problems such as social anxiety, emotion dysregulation and severe depression. Without careful formulation, this increased complexity can render the first line treatments less effective. Alexithymia and an avoidance of emotional experience and expression is also common in this group, therefore the goals of enhancing understanding of ones own emotional and social experiences, alongside stabilising and improving weight (all key in MBT) are essential in this population group.

The training I attended was excellent and lead by experts in the field. All four days contained a mixture of theory, video and role play examples from presenters and role play practice with peers. It was refreshing to attend training that focussed on the emotional and relational aspects of eating disorders as I, along with my colleagues in the training, feel that this is an area usually neglected for this population.

Use of training at work since:

Since attending the training, I have started to put the skills and techniques into practice with several of the young people I have been working with, with good effect. It has increased my confidence in working in a less structured, more relational way, and I have seen the benefit to the young people of taking a less controlled stance and encouraging them to bring events from the week to discuss and reflect on, from a mentalising stance.

There are future plans to set up an MBT group programme with a colleague, who has also received funding from FPSA, and this will support and add value to the individual work I am already offering.

I would like to extend my thanks to FPSA for providing me with this opportunity to not only further my own therapeutic skills, but, more importantly, provide a higher quality service to the young people that I serve.